

Name  
in  
Full

Leventh J. Ballard

## CERTIFICATE OF DEATH

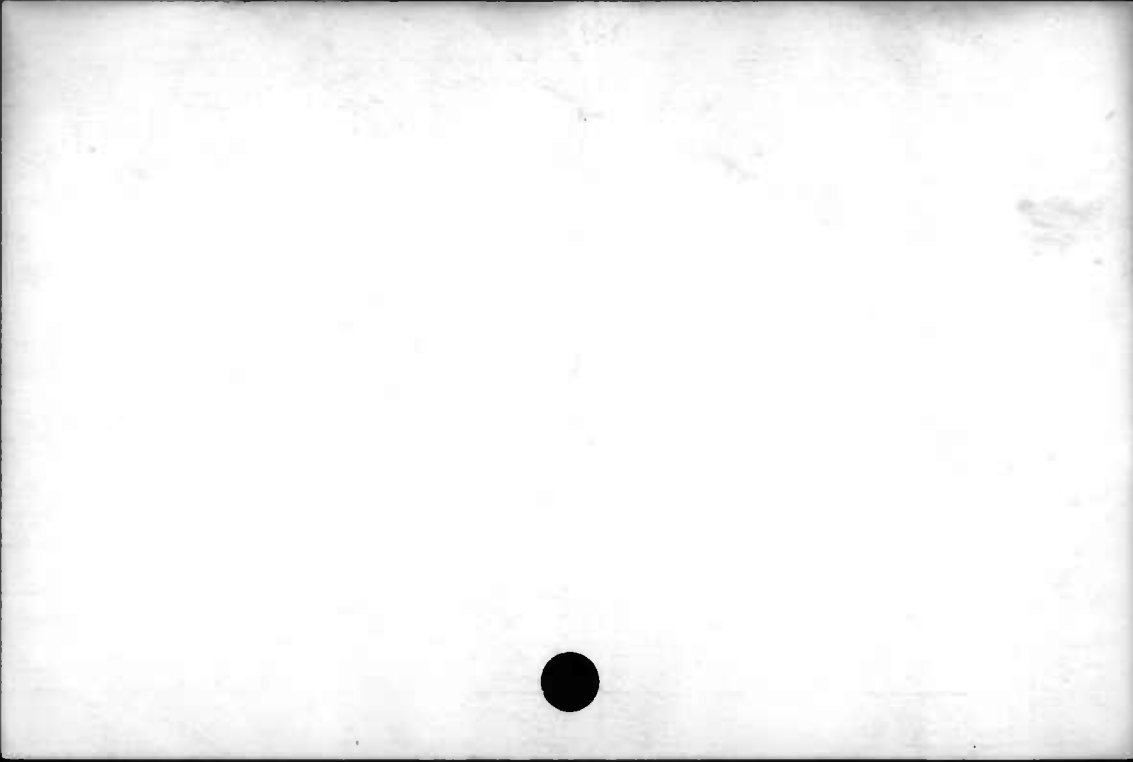
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kingston Md</i>		Town <i>Kingston</i>		County <i>Md</i>		MARYLAND	
Date of death 190 <i>7</i>		Month <i>Oct</i>	Day <i>2</i>	Age <i>70</i>	Years <i>1902</i>	Month <i>Oct</i>	Days <i>2</i>
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Md</i>			
Married, Single or Widowed <i>Married</i>		Occupation					
Name of Wife or Husband <i>John Ballard</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Geo H Cottman</i>				How related to deceased <i>J. Handy</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>at no Dixon</i>	
		Address <i>Maryland</i>	
Accident or Suicide?		<i>Order Taken</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Lillie May Lane

Town

County

Died at

Marion Station

Somerset

MARYLAND

Date

of death 1902

Month

Oct.

Day

9

Years

Age

Months

2

Days

19

Sex

Female

Color or  
Race

Black

Birth-  
place

Maryland

Married, Single  
or Widowed

Single

Occupation

Name of Wife or  
HusbandFather's  
Name

Levi Lane

Father's  
Birthplace

Somerset Co. Md.

Mother's  
Maiden Name

Henrietta Young

Mother's  
Birthplace

Somerset Co., Md.

Name of person giving  
Information

Levi Lane

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

No physician in attendance, has been sick since birth. Mother died with Pulmonary

How long

Immediate

Tuberculosis Oct. 1st last

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

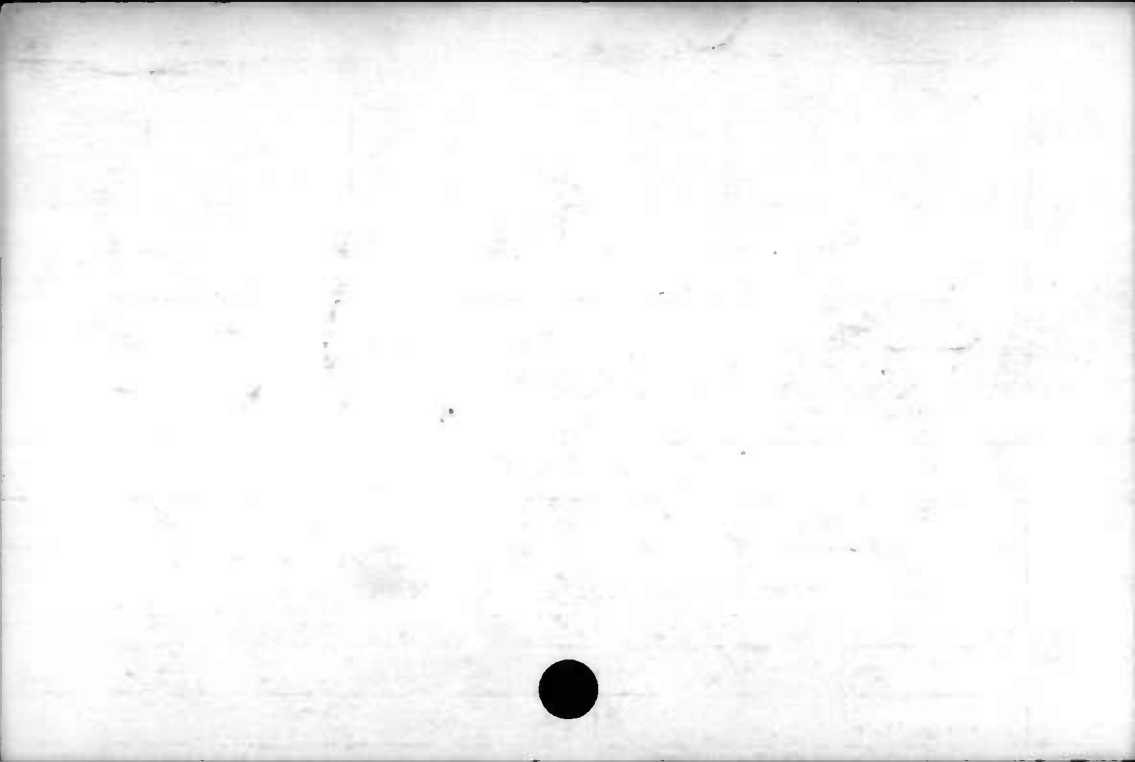
Signature of  
Physician

Address

O. B. B. Brown M.D.  
Marion Station Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Cornish

## CERTIFICATE OF DEATH

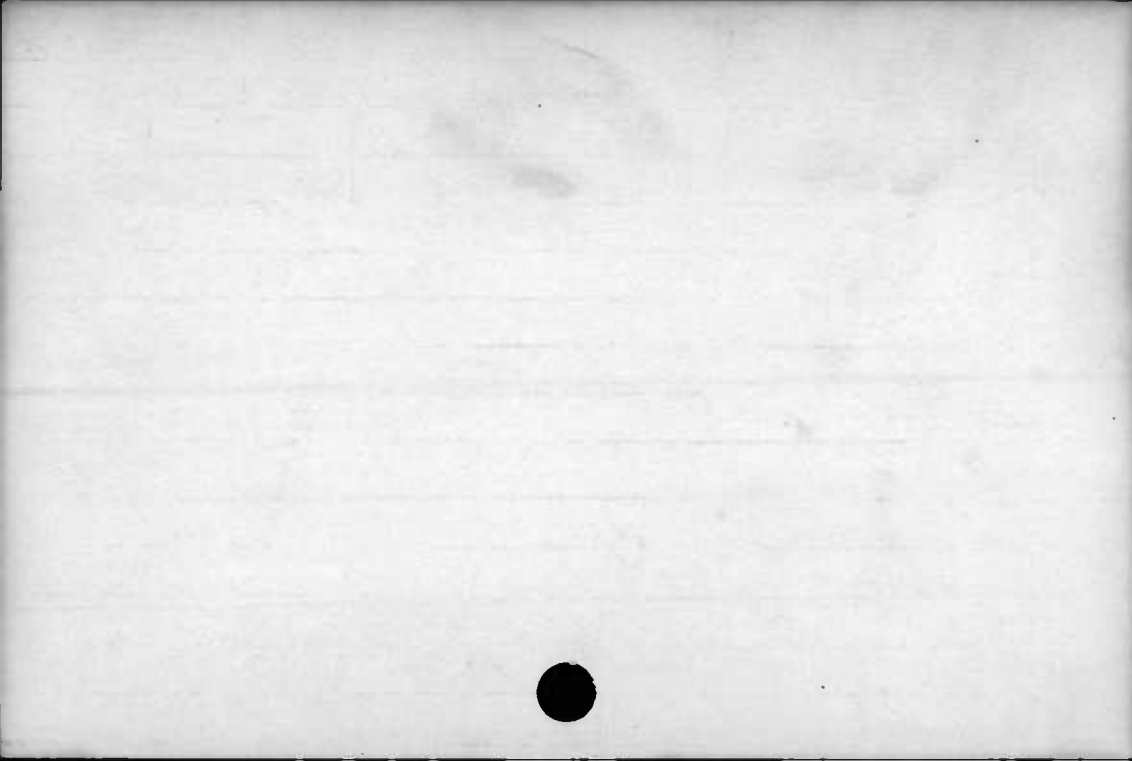
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Pr. Cornish</i>		County <i>Sevier</i>		MARYLAND	
Date of death 1902	Month <i>Oct.</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>7</i>	
Sex <i>male</i>		Color or Race <i>Blond</i>		Birth- place <i>Pr. Cornish</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Geo. Cornish</i>				Father's Birthplace <i>ind.</i>			
Mother's Maiden Name <i>Bess Cornish</i>				Mother's Birthplace <i>ind.</i>			
Name of person giving Information <i>—</i>				How related to deceased <i>151</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Died: 1900</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. &amp; Paul Jones</i>
	Address <i>Pr. Cornish. ind.</i>
Accident or Suicide? <i>—</i>	<i>Dr. P. G. J.</i>



Name In Full

Certificate of Death

Mary 25 Crowswell

Town

County

Ardale

Somerset

MARYLAND

Died at

Date 19

02

Month

Day

Oct 19

Age

64

Y.

M.

D.

Native of

Md

Occupation

Housewife

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

12

Husband of

Wife

Father's

Name

Wm Muir

Mother's

Maiden Name

Mary Muir

Cause of

Primary

Cerebral Softening

How long sick

6 mos

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

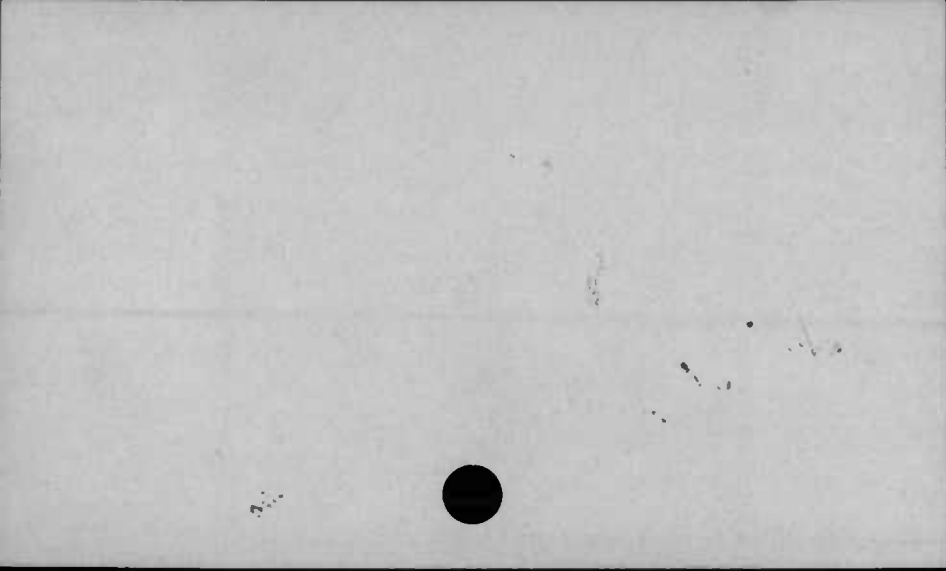
C. L. Stoyt M.D.

Address

Ardale P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75404





Name In Full

Certificate of Death

Thomas Fitzgerald

Town

County

Aristle

Somerset

MARYLAND

Died at

Date 19

02

Month

Day

Oct 8

Age

88

Y.

M.

D.

Native of

Md

Occupation

Sea Captain

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Mary Newman

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Apoplexy

How long sick

Instantaneous

~~Accident, Suicide, Homicide~~

Reported by

R. L. Stoughton M.D.

Address

Aristle P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698



Alfred Jones

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

—

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

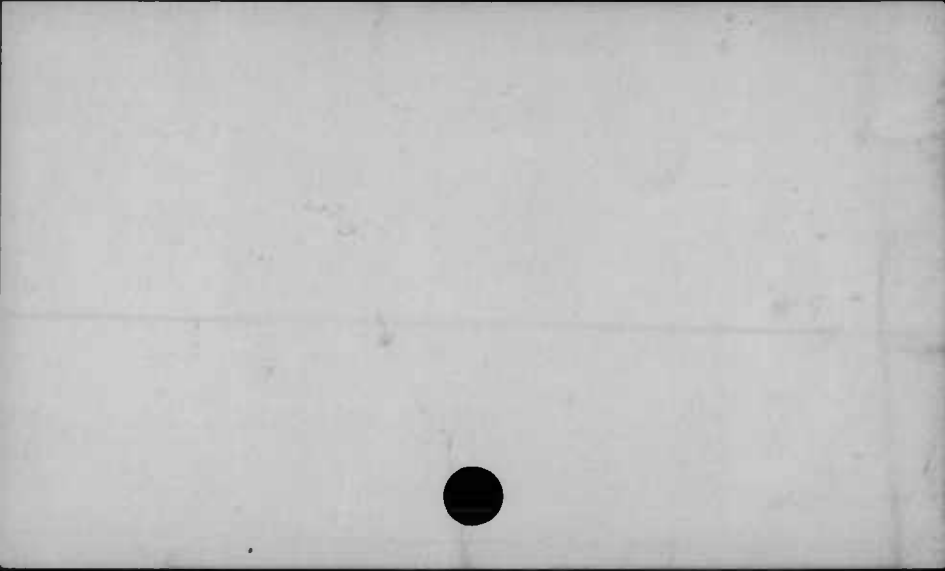
How long sick

Accident, Suicide, Homicide

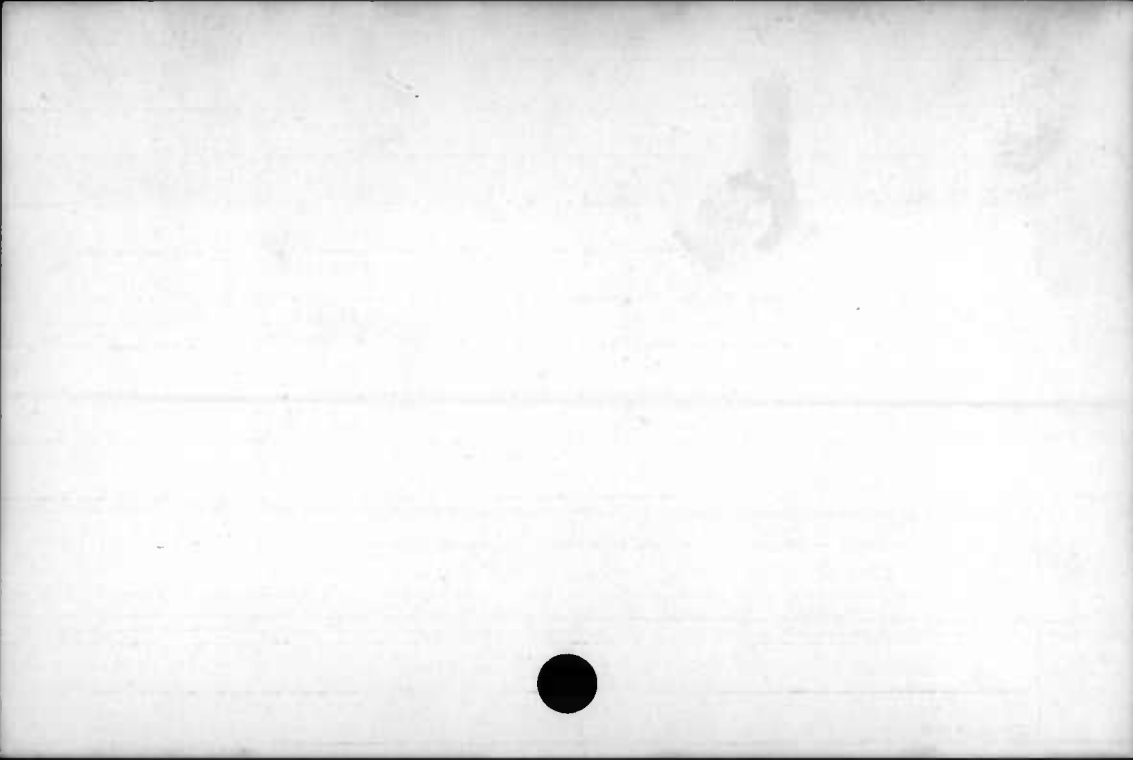
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <b>Henry C Jones</b>		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Crisfield</b> <small>Town</small>		<b>Somerset</b> <small>County</small>		<b>MARYLAND</b>	
	Date of death 190	<b>2</b> <small>Month</small>	<b>10</b> <small>Day</small>	<b>31</b> <small>Year</small>	<b>71</b> <small>Months</small>	
	Sex	<b>Male</b>		Color or Race	<b>White</b>	
	Married, Single or Widowed	<b>Widower</b>		Occupation	<b>none</b>	
	Name of Wife or Husband	<b>+</b>				
	Father's Name	<b>+</b>		Father's Birthplace		
	Mother's Maiden Name	<b>+</b>		Mother's Birthplace		
Name of person giving information	<b>Daughter</b>			How related to deceased	<b>Daughter</b>	
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<b>Paralysis</b>			How long	<b>24 hours</b>
	Immediate				How long	
	Are the name, age, sex, color, date and place correctly given above?	<b>yes</b>			Signature of Physician	<b>W. F. Hall</b>
					Address	<b>Crisfield Md</b>
	Accident or Suicide?					



*Mrs Jennie King*

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Oct 30

Age 33

- -

Pauze

Laborer

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living 2

Husband of

Wife Isaac King

Father's

Name

Levin Rollett

Mother's

Maiden Name

Harriett Rollett

Cause of

Primary

Consumption

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. Wainwright

Address

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.





Name  
in  
Full

Kruph

Amesbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 1902	Oct	11	15	3	10		
Sex	Female	Color or Race	white	Birth-place	Kruph		
Married, Single			Occupation				
<del>Married</del>			nothing				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Charles Kelly				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Mary Brodley				Maryland			
Name of person giving information				How related to deceased			
Mother Mary Kelly				Mother			

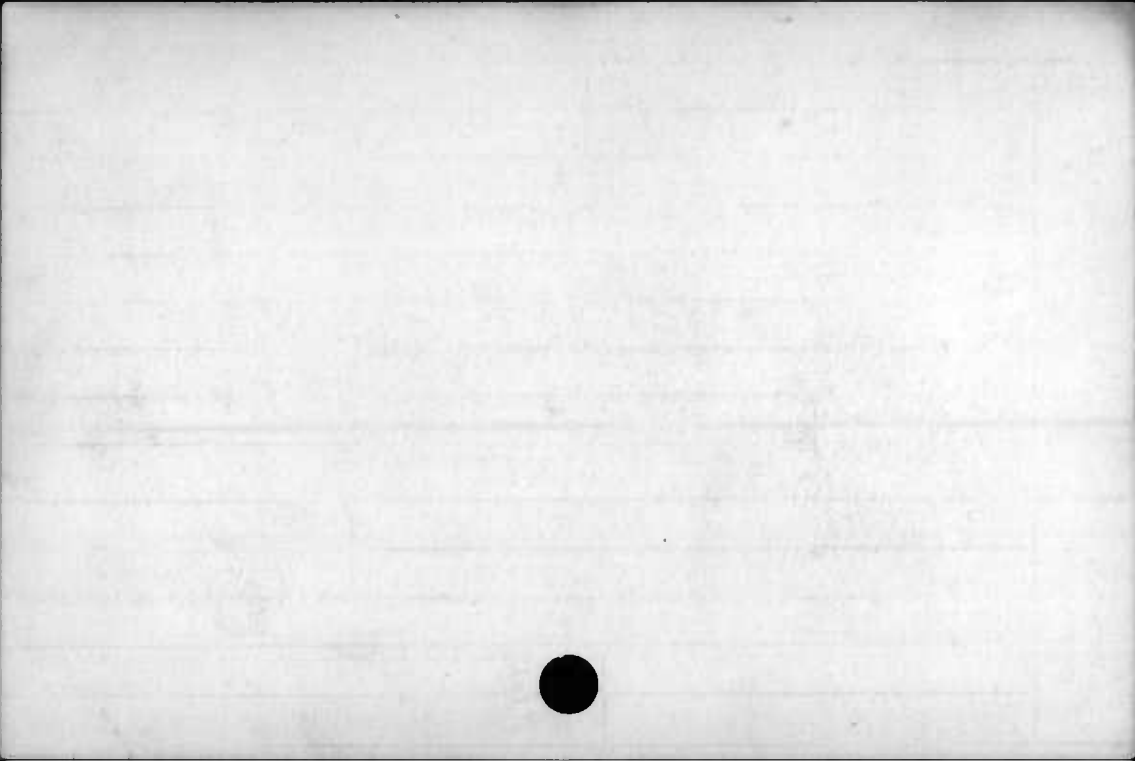
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis	How long	4 days
Immediate	Syncope	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Fred Adams	
		Address	
		Pocomoke City	
		Maryland	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Crisfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND
	Date of death 1902	<i>Oct</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age <small>Years</small>	Months <small>Days</small>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Crisfield</i>		
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name <i>Isaac W. Lawson</i>	Father's Birthplace <i>Crisfield</i>			
	Mother's Maiden Name <i>Daisy Sterling</i>	Mother's Birthplace <i>11</i>			
	Name of person giving information <i>J. S. Lawson</i>	How related to deceased <i>Uncle</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary			How long	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	
				Address	
	Accident or Suicide?				



Name  
in  
Full

Helen E. March

## CERTIFICATE OF DEATH

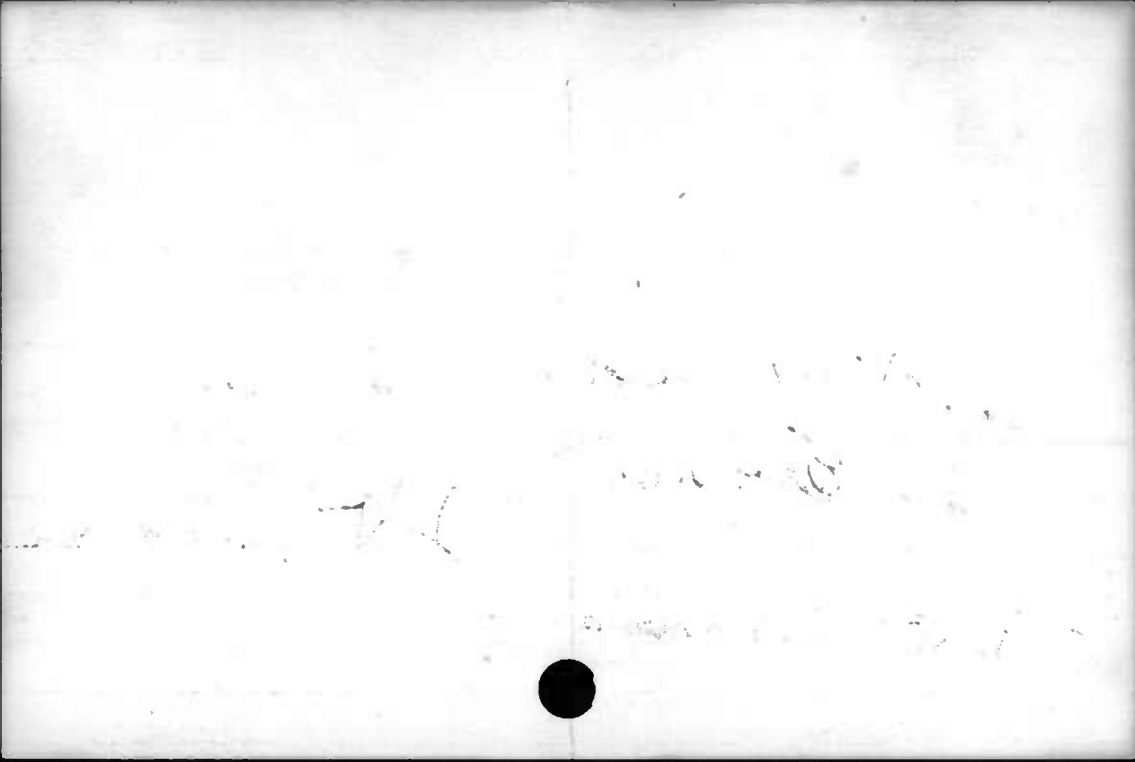
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Seals Island</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>11th</i>	Age <i>1</i>	Years <i>9</i>	Months <i>11</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Somerset Co.</i>		
Married, Single or Widowed <i>single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas. E. March</i>			Father's Birthplace <i>Somerset Co.</i>		
Mother's Maiden Name <i>Carrie E. Austin</i>			Mother's Birthplace <i>Somerset Co.</i>		
Name of person giving information <i>Chas. E. March</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>10<sup>5</sup></i>
Immediate <i>exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Windsor, M.D.</i>
	Address <i>Dames Quarter Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Sarah Mason

Died at <sup>Town</sup> Cusfield <sup>County</sup> Somerset

MARYLAND

Date 1902 10 28 Y. 1 M. D. Native of Cusfield Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name L. W. Mason Mother's Name L. W. Sterling

Cause of Death { Primary Broncho - Pneumonia How long sick One week

Death { Immediate 92. Accident, Suicide, Homicide

Reported by G. I. Lumsden

Address Cusfield Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Richard S. Parks

Died at <sup>Town</sup> Chance <sup>County</sup> Somerset MARYLAND

Date 189 <sup>1902</sup> <sup>Month</sup> Oct <sup>Day</sup> 18 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Age</sup> 20 <sup>Native of</sup> Ma <sup>Occupation</sup> .  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

~~Wife~~

Father's Name

John W. Parks

Mother's Name

Nettie Parks

Cause of

Primary

Diarrhea

How long sick

1 week

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

Wm W. Evans

Address

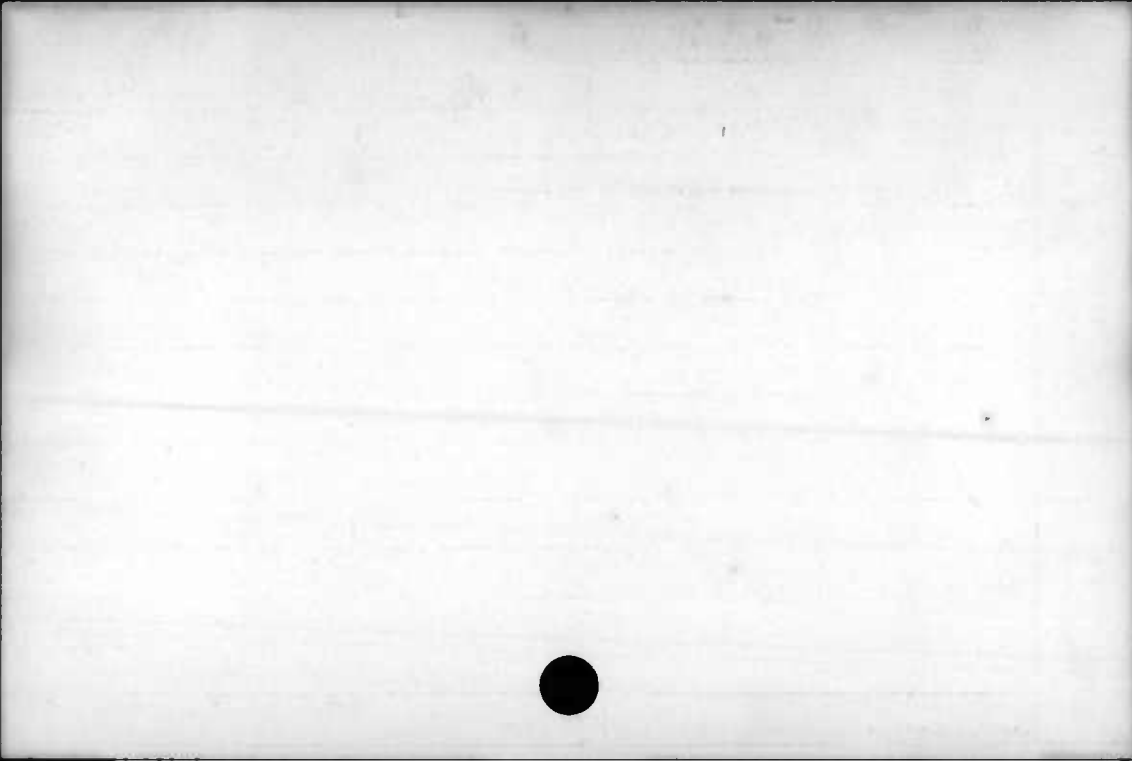
Pea Island Md

17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		William A. Rallerson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Lewfield. <sup>Town</sup>		Somerset- <sup>County</sup>		MARYLAND
	Date of death 1902		Month	Day	Age	Years	Months
			Oct.	20.	30.		X
	Sex		male -		Color or Race		white -
					Birth-place		Colonia
	Married, Single or Widowed		Married		Occupation		Merchant -
	Name of Wife or Husband		Ruth A. Rallerson -				
PHYSICIAN OR CORONER	Father's Name				Revel A. Rallerson -		
	Mother's Maiden Name				Sallie B. Whittington -		
	Name of person giving information				Sallie R. Rallerson -		
	Father's Birthplace				Worcester - Md		
Mother's Birthplace				Somerset - Md -			
How related to deceased				mother -			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				Rheumatic fever -		
	Immediate				Uremia -		
	Are the name, age, sex, color, date and place correctly given above?				yes -		
	Signature of Physician				H. P. Adams -		
	Address				Lewfield, Md -		
Accident or Suicide?							



Addie F. Pruitt

Died at <sup>Town</sup> Bedsworth <sup>County</sup> Somerset MARYLAND

Date 1902 <sup>Month</sup> Oct. <sup>Day</sup> 9 <sup>Y.</sup> Age 24 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md. <sup>Occupation</sup> Housewife

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~ <sup>Female</sup> ~~Colored~~ <sup>Single</sup> ~~Widower~~ <sup>Number of children living</sup> 2

~~Husband~~ of Chas. F. Pruitt

Wife

Father's Name Edward Riggins Mother's Maiden Name Sarah Landon

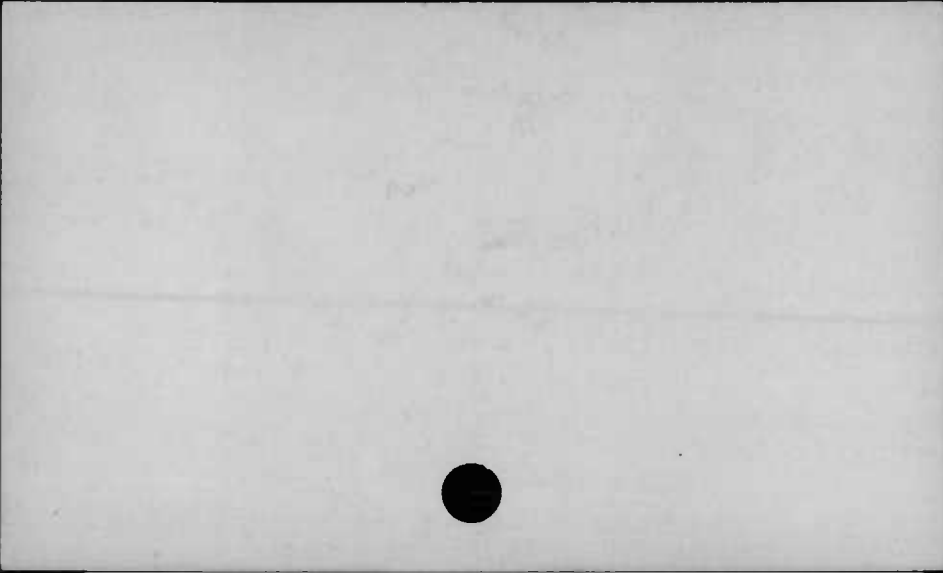
Cause of { Primary How long sick 12 months

Death { Immediate Consumption 27 Accident, Suicide, Homicide

Reported by J. L. Lawson.

Address  Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Sarah E. Pruitt

## CERTIFICATE OF DEATH

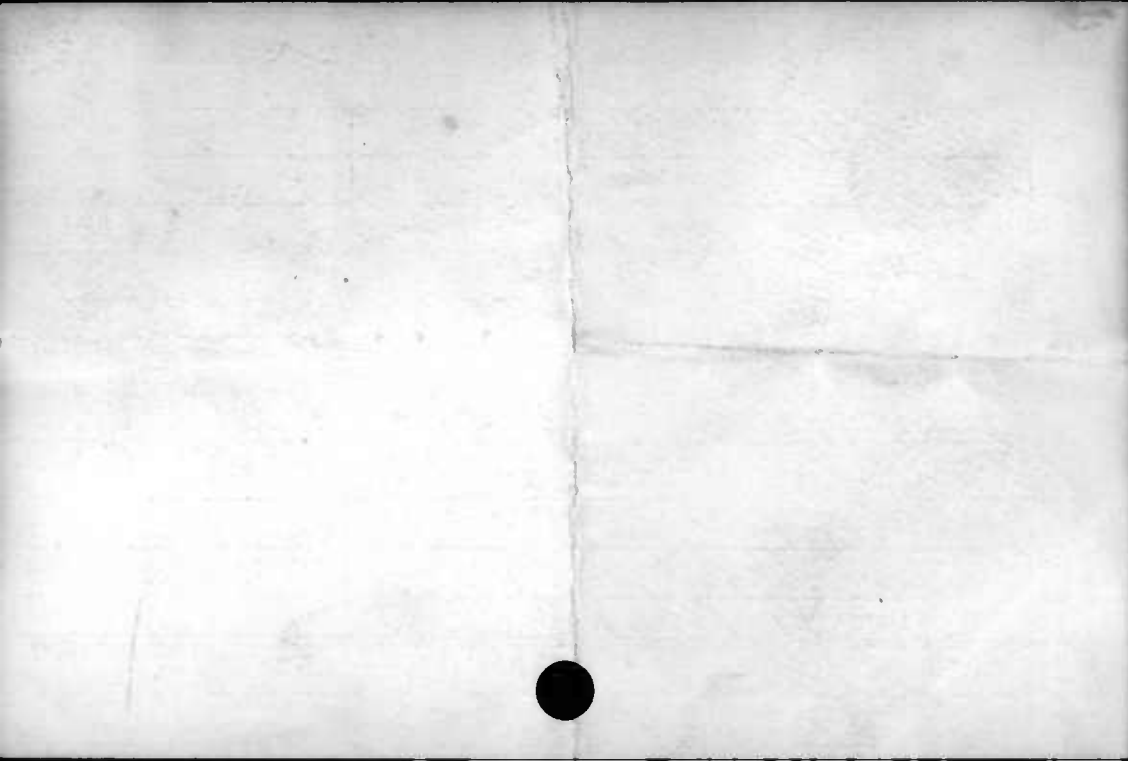
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt. Vernon		County Somerset		MARYLAND	
Date of death 190	2	Month Oct	Day 12	Age 62	Years	Months 7	Days 12
Sex	Female		Color or Race	White		Birth- place	Maryland
Married, Single or Widowed	Married			Occupation Housewife			
Name of Wife or Husband				Robt. A. Pruitt			
Father's Name				Joseph. Lawrence			
Mother's Maiden Name				Mary Ann. Murrell			
Name of person giving In formation				Robt. A. Pruitt			
				Father's Birthplace			
				Maryland			
				Mother's Birthplace			
				Maryland			
				How related to deceased			
				Nephew			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Fetid Bronchitis		How long	2 1/2 yrs.
	Exhaustion		How long	48 hrs
Immediate				
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. M. Wilson
			Address	Mt. Vernon, District Somerset County
Accident or Suicide?				





Name  
in  
Full

Rev. Edmund S. Liddle

CERTIFICATE OF DEATH

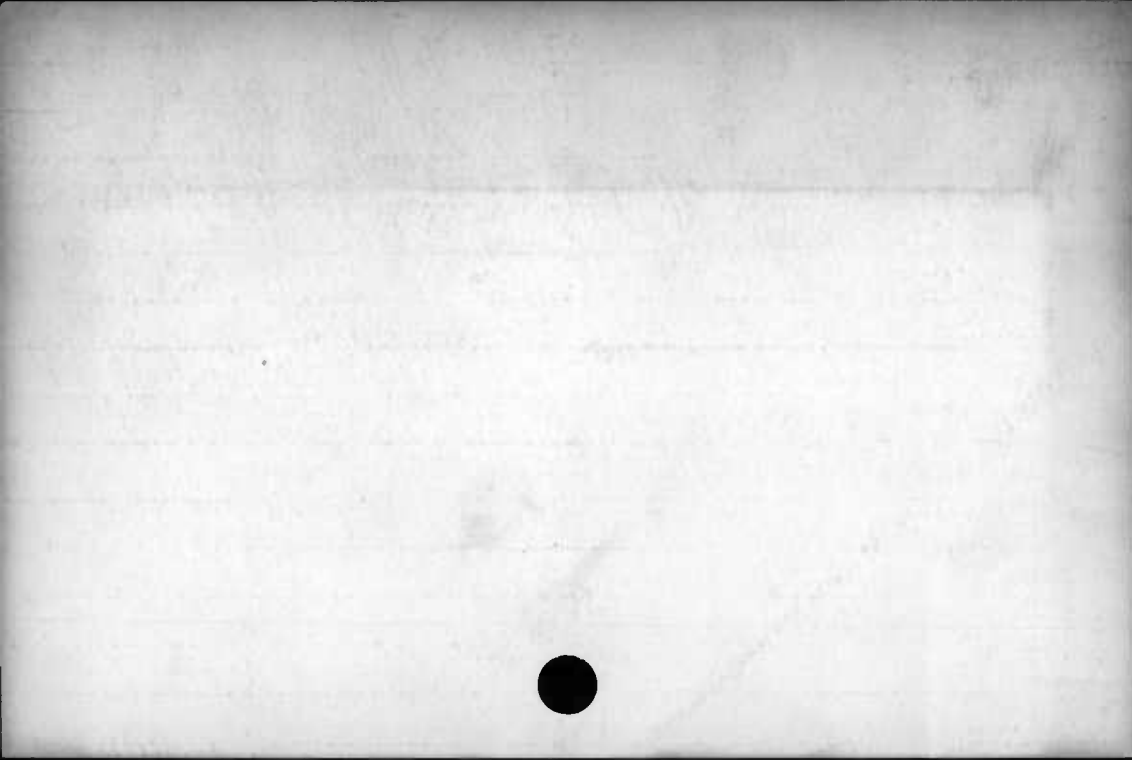
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Levittown</i>		<i>Somerset</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>28</i>	Age <i>29</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>Clergyman</i>			
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace <i>47</i>	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Rheumatic fever</i>	How long <i>4 days</i>
Immediate <i>Heart failure</i>	How long <i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. H. L. Arkman</i>
	Address <i>Levittown, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Chas. W. James.

Town

County

Somerset

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 13

Age

59

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

John W. James

Mother's

Maiden Name

Hettie E. Dine

Cause of

Primary

Death

Immediate

Cholera Infantum

How long sick

one day

Accident, Suicide, Homicide

Reported by

D. L. Dawson

Address

Crisfield, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894



Died at *Porter - Corner* Town *Sevier* County *Sevier* MARYLAND

Date 19 *02* Month *Oct* Day *28* Age *1 4* Y. M. D. Native of *Danchester Va* Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

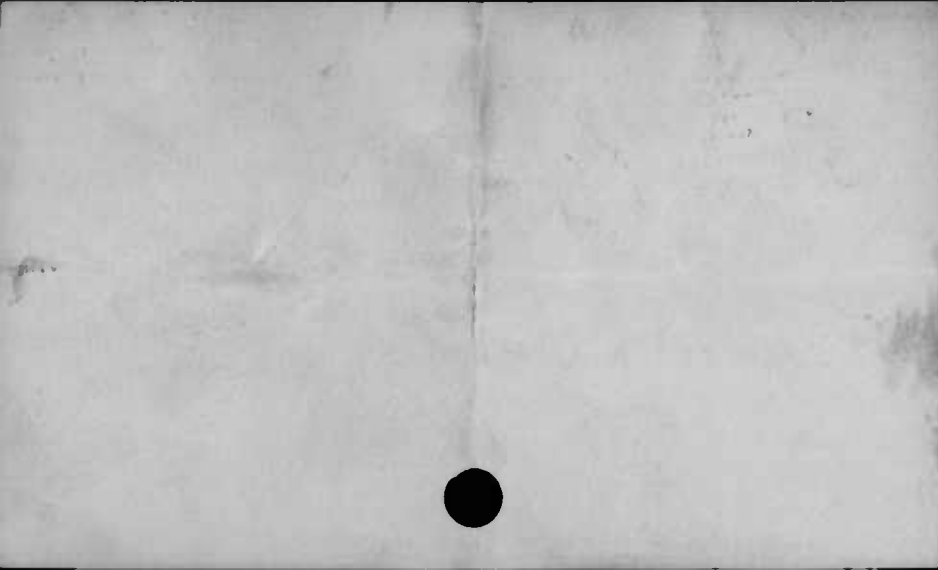
Father's Name *George Albert Trovina* Mother's Maiden Name *Ida May Trice*

Cause of Death { Primary *Poison Oak* Immediate *Inflammation of Bowels* How long sick *30 days*  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lizzie Tull-

Town Luverston County Tanier MARYLAND  
 Died at  
 Date 1902 10 21 Month Day Y. M. D. Native of Maryland Occupation house wife  
 Age 48  
 Male White Married Widow ~~Single~~ ~~Widow~~ ~~Widower~~  
 Female Colored ~~Single~~ ~~Widow~~ ~~Widower~~ Number of children living 2

Wife of Lizzie Tull 121  
 Father's Name Gorn Dwyer Maiden Name Lizzie Dwyer  
 Cause of Death { Primary Cystic growth brain How long sick 2 weeks  
 Immediate Peritonitis Accident, Suicide, Homicide

Reported by Dr. J. H. Adams  
 Address Port Republic Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Mary A. Ward.

Died at Crisfield <sup>Town</sup> Dorchester <sup>County</sup> MARYLAND

Date 19 02 <sup>Month</sup> Oct. <sup>Day</sup> 22 Age 62 <sup>Y.</sup> 8 <sup>M.</sup> 11 <sup>D.</sup> Md. <sup>Native of</sup> Housewife <sup>Occupation</sup>

~~Male~~ White ~~Married~~ Widow ~~Divorced~~ 7 <sup>Number of children living</sup>

~~Female~~ Colored ~~Single~~ Widower

~~Husband~~ of

Wife

Father's  
Name

Mother's

Maiden Name

Cause of PrimaryDeath Immediate

How long sick

17 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary E Webster

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 8

Age

9-8

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

Death

Immediate

asthma 27

Accident, Suicide, Homicide

Reported by

Address

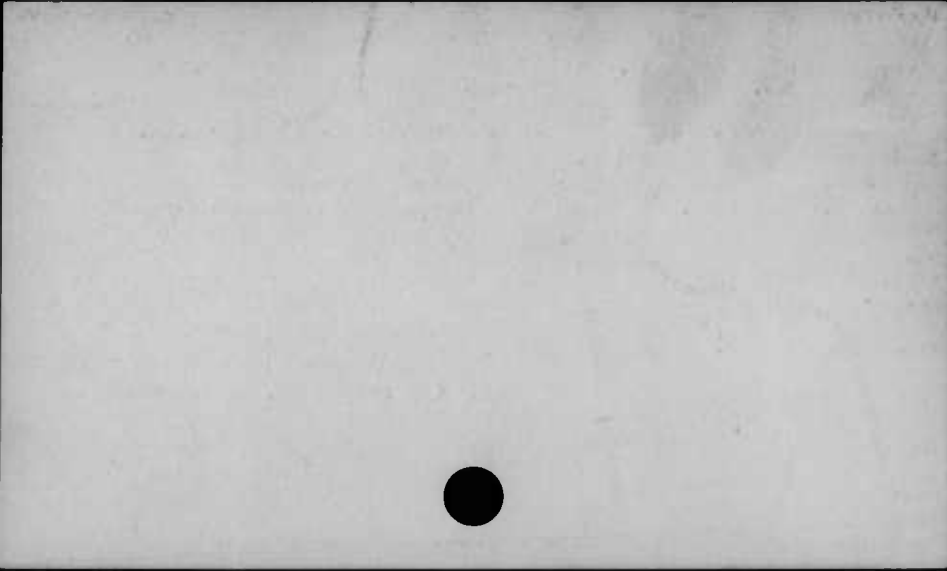
S. J. Winder, MD

Duke's Quarter

Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

George Wilson

Died at <sup>Town</sup> Upper Fairmount <sup>County</sup> Somerset

MARYLAND

Date 1902 <sup>Month</sup> Oct <sup>Day</sup> 3 <sup>Y.</sup> 3 <sup>M.</sup> D. <sup>Native of</sup> Fairmount <sup>Occupation</sup> Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of Leah Wilson

Wife-  
Father's Name Edward Wilson Mother's Maiden Name Miami Maddox

Cause of { Primary Heart Disease

How long sick

about 6 months

Death { Immediate

Accident, Suicide, Homicide

Reported by G. E. Dickinson M.D.

Address Upper Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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